



**STATEMENT OF PROCEEDINGS FOR THE
REGULAR MEETING OF THE
LOS ANGELES COUNTY COMMISSION FOR
CHILDREN AND FAMILIES
KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 739
LOS ANGELES, CALIFORNIA 90012
<http://lachildrenscommission.org>**

Monday, October 7, 2013

10:00 AM

AUDIO LINK FOR THE ENTIRE MEETING. (13-4812)

Attachments: [AUDIO](#)

Present: Chair Genevra Berger, Vice Chair Helen Kleinberg, Vice Chair Susan F. Friedman, Commissioner Carol O. Biondi, Commissioner Candace Cooper, Commissioner Ann E. Franzen, Commissioner Dr. Sunny Kang, Commissioner Daphne Ng, Commissioner Becky A. Shevlin, Commissioner Martha Trevino-Powell and Commissioner Steven M. Olivas Esq.

Excused: Commissioner Patricia Curry, Commissioner Sydney Kamlager and Commissioner Adelina Sorkin LCSW/ACSW

Call to Order. (13-4506)

The meeting was called to order at 10:05 a.m. A quorum was established at 10:10 a.m.

I. ADMINISTRATIVE MATTERS

1. Introductions of October 7, 2013 Meeting attendees. (13-4516)

Self-introductions were made.

2. Approval of the October 7, 2013 Meeting Agenda. (13-4517)

On motion of Commissioner Becky Shevlin, seconded by Vice Chair Helen Kleinberg, unanimously carried, (Commissioners Curry, Kamlager, and Sorkin being absent), this item was approved with Agenda Item No. 10 being taken off calendar and referred to the Executive Committee for further discussion. Commissioners Cooper, Kang, and Olivas were not present during the vote taken for this item.

3. Approval of the minutes from the meetings of September 9, 2013 and September 16, 2013. (13-4505)

On motion of Vice Chair Helen Kleinberg, seconded by Commissioner Becky Shevlin, unanimously carried, (Commissioners Curry, Kamlager, and Sorkin being absent), the minutes of September 9, 2013 were approved. Commissioners Cooper, Kang, and Olivas were not present during the vote taken for this item.

On motion of Vice Chair Helen Kleinberg, seconded by Commissioner Carol Biondi, unanimously carried, (Commissioners Curry, Kamlager, and Sorkin being absent), the minutes of September 16, 2013 were approved. Commissioners Cooper, Kang, and Olivas were not present during the vote taken for this item.

Attachments: [SUPPORTING DOCUMENT](#)
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II. REPORTS

4. Chair's report for October 7, 2013 by Geneva Berger, Chair. (13-4518)

Chair Berger reported the following:

- **The ICAN Nexus Conference is scheduled to be held on October 16, 2013, at the Pasadena Convention Center. I want to thank DCFS for allocating five spots for Commissioners to attend the Nexus Conference, three spots are still available. Please see staff if you wish to attend.**
- **The Commission's election of officers will be held on October 21, 2013.**

After discussion, by common consent and there being no objection, this item was received and filed.

Agenda Item 5 was taken after Agenda Item 6.

5. DCFS Director's report for October 7, 2013 by Philip Browning, Director, DCFS. (13-4308)

Director Browning reported the following:

- **The DCFS Student Information Tracking System allows Social Workers to be alerted when a student on their caseload has excessive absences. Attendance is an indicator whether a student is doing well in school.**

- The monthly DCFS Strategic Plan Update to the Board of Supervisors (Board) will take place on October 8, 2013. The update will include a report on the establishment of a fiscal monitoring unit within DCFS. This unit will conduct fiscal assessments of all Group Home and Foster Family Agencies (FFA) to ensure fiscal viability.
- The DCFS New Children's Social Worker (CSW) Training Program's third class has started. The restructured curriculum includes a "real life" simulation component. Positive feedback from new employees and staff has been received on the simulation component. The Board recently approved the hiring of 150 additional CSWs.
- A database has been developed that tracks all of the recommendations made to DCFS since 2008. During this time period, 14 organizations produced 821 recommendations. Of this amount, 56% have been fully implemented, 40% (331 recommendations) are currently in progress and 4% have not been implemented or started on.

After discussion, by common consent and there being no objection, this item was received and filed.

III. PRESENTATIONS

6. Presentation by the Department of Children and Families (DCFS) on services for youth with learning and developmental disabilities.
- Dr. Charles Sophy, Director, Bureau of Clinical Resources
 - Dr. Jeff Dorsey, CSA III, Education and Developmental Services (13-4680)

Dr. Dorsey distributed a PowerPoint presentation handout titled, "Services for Youth with Learning and Developmental Disabilities" and presented the following:

- The state of California has 21 Regional Centers that provide specialized services for people with developmental disabilities, 7 of these are located in Los Angeles County. California is the only state that has a Regional Center system. Each of the Regional Centers are independent non-profits and are all governed by the Lanterman Developmental Disabilities Services Act (Lanterman Act).
- Over the last 8 years there has been significant improvement in the way DCFS works with Regional Centers. Currently DCFS is providing

training to Regional Center staff on Department policies regarding Regional Centers.

- A child with an unsubstantiated case that is suspected to have a disability is referred to Regional Center regardless of whether a DCFS case is opened.

Addressing Youth with Developmental Disabilities

The Early-Start program services children 0 to 36 months; a minor that is determined eligible for Regional Center by age three is eligible for life. Regional Center's assessment for 0-5 focuses on five areas when determining eligibility. A 33% delay must be identified in one or more of these areas, depending on the age. An infant referred after their second birthday must meet 33% in two or more of these categories or 50% in one area.

- Cognitive
- Physical and motor skills
- Communication and language
- Social and emotional
- Adaptive

If an infant does not qualify for the Early Start Program, the child is referred to a Family Resource Center. The Family Resource Center can refer a child back to a Regional Center if determined that further assessment is needed. Social Workers are encouraged to refer infants prior to their second birthday, if a disability is suspected.

Children 3 Years or older must meet one of the following criteria to qualify for a Regional Center; the condition must have originated prior to the individual turning 18 years of age:

- Autism
- Epilepsy
- Intellectual disability
- Cerebral palsy
- Conditions similar to mental retardation

A School District's determination of autism is different than that of a Regional Center. A Regional Center's identification of autism relies on a child meeting 6 out of 12 areas of evaluation.

Addressing Youth with Learning Disabilities

Ms. Hottenroth explained the following:

Schools determine learning disabilities by examining the discrepancy between a child's performance and the potential to perform. A 15 point range is considered a significant discrepancy and the point where a child is labeled as needing special education.

Identifying Youth with DD/LD

Dr. Dorsey explained the following:

- Newly detained infants or children go through Multi-Disciplinary Assessment Team (MAT) Assessments and receive a developmental screening.**
- The 0-5 Developmental Milestone Guide (Guide) is a checklist developed by DCFS with the assistance of advocacy groups such as, Public Counsel and the Alliance for Children's Rights to identify whether a child within this age range is meeting certain milestones. The checklist is strongly recommended for use by Social Workers and Caregivers to identify any developmental concerns. Although use of the Guide is not mandatory, Regional Centers have agreed to Social Workers using this checklist when referring a child to Regional Center.**

Ms. Hottenroth explained the following:

- In terms of learning disabilities, Education Consultants are located in the DCFS regional offices and work directly with Social Workers to assist in navigating the education system. The education consultant works with the parent or guardian to assist in obtaining an Individual Education Program (IEP) assessment or reassessment if there are concerns.**

In response to questions posed by the Commission, the presenters responded with the following:

- Dr. Dorsey indicated that the Social Workers' union agreed to the use of the Guide; however, determined that mandating Social Workers use the Guide would have an impact on workload. The number of Social Workers using the Guide is not tracked.**

- Dr. Sophy clarified that the Guide is an instrument for Social Workers and Caregivers to better understand the development of a child and what a child should be doing from birth to 5 years old. The Union was concerned that mandating the use of the Guide would pose as a risk to the Social Workers' license because the Social Worker would be diagnosing which is a misconception.

Children in the system receive an annual developmental screening by the American Pediatrics at every Hub. Children, who have not exited the child welfare system, receive a yearly exam that includes developmental screening through Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) funding. Once a child has exited the child welfare system, there is no way of tracking the exams. Prior to exiting the child welfare system, families are connected with a pediatrician. Each Hub has a clinic component; children are always welcome to visit the clinics for medical services. We are currently working with the Department of Health Services (DHS) to determine which youth regardless of whether they remain in the system should have the hub as their medical home. The goal is to have a medical home model where every child coming through the system is housed medically at a hub and clinic associated with the hub.

- Dr. Dorsey explained that children eligible for a Regional Center often have issues relating to mental health and special education needs.

Ms. Hottenroth added that prior to 2011; DMH was responsible for the mental health needs of children. After 2011, the responsibility shifted over to the school districts. It is crucial to have the necessary people at the IEP meetings to ensure that the mental health aspect is addressed.

Regional Center Children – Highest Service Level Offices

Dr. Dorsey reported that the Medical Placement Units have the highest service level offices. There is an estimated 2,500 to 3,000 children receiving Regional Center services at any given time in the system.

Education Supports and Services

Ms. Hottenroth explained that quality early education programs such as, HeadStart and LAUP are critical programs for children in providing developmental assessments that can identify any developmental delays and provide the needed support to move the child to school readiness

Social Workers are now able to refer children to early education programs through an electronic system. Over 1,200 children were referred during the most recent enrollment period. In 2012, there were approximately 600 children enrolled in early education programs. There is a continued increase in children being referred to early education programs. Additionally, in an effort to increase enrollment and awareness of early education programs, the County “211” will be assisting in calling parents or caregivers to offer developmental assessments and link them to programs that have openings.

This past year, the Foster Youth Education Program has rolled out Countywide. Currently, there are Social Workers located at 18 schools. Additionally, the LAUSD/DCFS Student Information Tracking System has been implemented. This tracking system allows Social Workers access to a student’s academic history and is a prevention tool in identifying early on any patterns or instances indicating the student is at-risk or in need of specific services.

Data and Outcomes

Dr. Dorsey reported the following:

- **50% of foster youth score in the lowest CA Standardized Test brackets compared to 25% of the general population.**
- **50% of the DCFS referrals to Regional Center are determined eligible.**
- **Majority of Education issues addressed by Education Consultants related to IEPs and Academic Performance.**
- **Majority of Education Consultant assessments for 241.1 youth determined learning deficits and history of unresolved education issues.**

At the request of the Commission, the presenters agreed to provide the Commission with a copy of the 0-5 Developmental Milestone Guide and to explore ways to more widely distribute the Guide to Caregivers.

After discussion, by common consent and there being no objection, this item was received and filed.

Attachments: [SUPPORTING DOCUMENT](#)

7. Presentation by DCFS on the High-Risk Youth Case Conference Project

- Dr. Charles Sophy, Director, Bureau of Clinical Resources
- Lisa Sorensen, CSA III, High Risk Youth Project (13-4682)

Ms. Sorensen reported the following:

- **In spring of 2012, a comprehensive database was developed that identifies the highest at-risk youth in the DCFS Child Welfare System (System) through a ranking system. The database also measures instability with one of the risk factors being the frequency of youth visiting the Emergency Response Command Post (ERCP). There are approximately 200 youth in the system considered high-risk at any given time.**
- **Youth that have been identified through this ranking system as high-risk are tracked. Since the implementation of this system, 543 youth have shown up on the high-risk matrix. The majority identified were teens. High-risk cases undergo high level extensive case review to devise a plan of care. To date, there have been 84 cases reviewed.**

In response to questions posed by the Commission, the presenters responded with the following:

- **Dr. Sophy indicated that a meeting with the Department of Mental Health and Group Home Contractors is scheduled for a discussion related to the document titled, "Top Ten list of Most Important Changes Needed to Improve Service Delivery to Meet the Mental Health Needs of Children/Families" that was provided to the Commission at the July 8, 2013 meeting.**
- **Ms. Sorensen reported that the Wraparound contract solicitation is currently in process; the contracts have been revised significantly to have a substantial mental health aspect. Contractors are required to provide more services that are billable to Medi-Cal. Historically, funding for services were relied upon through the case rate provided to contractors, this rate has been reduced and billing through Medi-Cal is necessary.**

Dr. Sophy added that there is apprehension on behalf of the contractors to bill Medi-Cal because of the misconception that in doing so they are placed in jeopardy of being considered fraudulent with the level of detail required as part of the billing process. Services funded through EPSDT are held to a higher standard.

- Ms. Sorensen explained that the high-risk database is designed more to identify risk factors in older children, and due to the nature of risk indicators with very young children, developing a tool for predicting risk levels will require further development of the database.
- Director Browning added that through the process involved with identifying the high-risk youth in the system and developing a case plan, many of these youth were able to be moved to a lower level of care and some have been reunified with their parents.

After discussion, by common consent and there being no objection, this item was received and filed.

IV. DISCUSSIONS/ACTION ITEMS

8. Discussion and recommendation of an alternate representative to the Policy Roundtable for Child Care and Development. (13-4534)

On motion of Vice Chair Susan Friedman, seconded by Vice Chair Helen Kleinberg, unanimously carried, (Commissioners Curry, Kamlager, and Sorkin being absent), Ann Franzen was recommended to serve as an alternate representative to the Policy Roundtable for Child Care and Development.

9. Discussion and motion to amend the Commission for Children and Families' Bylaws to set a three year term limit for Vice Chair. (13-4676)

After discussion, this item failed to carry by the following vote:

Ayes: 4 - Commissioner Candace Cooper, Commissioner Ann E. Franzen, Commissioner Dr. Sunny Kang and Commissioner Martha Trevino-Powell

Noes: 5 - Chair Genevra Berger, Vice Chair Helen Kleinberg, Vice Chair Susan F. Friedman, Commissioner Carol O. Biondi and Commissioner Becky A. Shevlin

Absent at the time of vote: 1- Commissioner Steven M. Olivas Esq.

Excused: 3 - Commissioner Patricia Curry, Commissioner Sydney Kamlager and Commissioner Adelina Sorkin
LCSW/ACSW

Attachments: [SUPPORTING DOCUMENT](#)

10. Discussion and approval of a recommendation related to the August 20, 2013, motion by Supervisor Michael D. Antonovich regarding the need of a Countywide Child Care Rating System, recommending that the Board of Supervisors consider mandating Utility Agencies to report to licensing authorities when licensed child care homes or day care centers have major service interruptions, and that licensing authorities take immediate action. (13-4674)

This item was taken off calendar under Agenda item 2 and referred back to the Commission's Executive Committee.

Attachments: [SUPPORTING DOCUMENT](#)

V. MISCELLANEOUS

Matters Not Posted

11. Matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting of the Commission, or matters requiring immediate action because of an emergency situation or where the need to take action arose subsequent to the posting of the agenda. (13-4519)

There were none.

Announcements

12. Announcements for the meeting of October 7, 2013. (13-4520)

There were none.

Public Comment

13. Opportunity for members of the public to address the Commission on items of interest that are within the jurisdiction of the Commission. (13-4521)

No members of the public addressed the Commission.

Adjournment

14. Adjournment of the meeting of October 7, 2013. (13-4522)

The meeting was adjourned at 12:10 p.m.